## PART B - FEE(S) TRANSMITTAL

A I O Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents APR 18 2006 P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885 or <u>Fax</u> INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where propriate. At further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as including a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 01/09/2006 26308 7590 Certificate of Mailing or Transmission RYAN KROMHOLZ & MANION, S.C. I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. POST OFFICE BOX 26618 MILWAUKEE, WI 53226 04/19/2006 RMEBRAH1 00000043 10674242 (Depositor's name) Wehze1 01 FC:2501 02 FC:1504 700.00 OP (Signature 300.00 OP 30.00 DP 03 FC:8001 (Date) 200 10 CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. David Utley 9222.16565-CIP DIV 1884 10/674 242 09/29/2003 TITLE OF INVENTION: SYSTEMS AND METHODS FOR TREATING DYSFUNCTIONS IN THE INTESTINES AND RECTUM DATE DUE **PUBLICATION FEE** TOTAL FEE(S) DUE SMALL ENTITY **ISSUE FEE** APPLN. TYPE 04/10/2006 \$1000 YES \$700 \$300 nonprovisional ART UNIT **CLASS-SUBCLASS EXAMINER** VRETTAKOS, PETER J 3739 606-041000 2. For printing on the patent front page, list Ryan Kromholz & Manion, S.C. Change of correspondence address or indication of "Fee Address" (37 (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Curon Medical, Inc. Fremont, California / US ☐ Individual ★ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. X Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies \_ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number\_ (enclose an extra copy of this form). 06-2360 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Ree and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not in accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United State rademark Office. ht an 10 April 2006 Authorized Signature Date Daniel D. Ryan 29,243 Registration No. Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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